

Entered - 10/09/00 - sb
CL00L0619 - ALEXIS HOLMES

01-R-1062

CLAIM OF: **DEEANNA C. BELOKUR**
2046 Chastain Park Court
Atlanta, Georgia 30342

For damages alleged to have been sustained as personal injuries due
to fall into an open water meter on July 22, 2000 at Chastain Park.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robson, Craig DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0619

Date: June 28, 2001

Claimant /Victim DEEANNA C. BELOKUR

BY: (Atty) (Ins. Co.) _____

Address: 2046 Chastain Park Court, Atlanta, Georgia 30342

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ 732.82

Date of Notice: 09/21/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) X

Date of Occurrence 07/22/00 Place: Chastain Park

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she was injured when she stepped into an open water meter. The claim was forwarded to United Water Services Atlanta for handling and their insurance carrier, The Travelers, has settled this claim with the claimant.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-28-01

Committee Action: _____ Council Action _____

09-21-00P04:24
COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 9/15/00

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 732.82 and/or \$ 732.82 Now bodily injury for which I contend the City is liable.

09-21-00P04:24 NOVJ
ENTERED - 10-9-00 - SB
00L0619 - ALEXIS HOLMES

Holmes
10/09/00
I also have
follow up physical
therapy for my leg!
more bills are to
come!

1. Date of incident: 07/22/00 2. Time of Incident: 9:23 pm 3. Police called: X
(month/day/ year) Yes No

4. Location of incident (including street address): (Chastain park)

5. Name of your insurance company: N/A Policy No. N/A

6. State what and how incident occurred: I was jogging at around 9:23 pm 7/22/00

when I fell through a large hole that looked like a sewage
drain or water drain, nothing was marked in the area
showing that this drain was there. The cover was rusted and
left over to the side of the hole grass covered most of the area + was hard

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL see
RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! anyway!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: NO vehicle damages occurred!
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Janes Gordon (2046 Chastain park Court (1-607-533-7395))
(Name) (Address) Atlanta GA 30342 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

DeeAnna C. Belokor
(Print Claimant's Name)

2046 Chastain park Court
(Address)

Atlanta, GA 30342
(City, State and Zip Code)

404-633-3331 678-595-8272
(Work Number) (Home Number)

Cell = 678-595-8272

Work = 404-633-3331

I was not able to walk, I had to be carried to a car of a local person driving by that saw us on the side of the road and stopped to help us.

I was very scared and worried what was in the hole I just fell in! Because of the rust and metal, I had to go to the Hospital to get checked out. my leg as of 9/15/00 has not healed and will need weeks to months (?) of therapy! There is

Depends on what
the doctor says
on Monday
9/18/00

↗ a huge bump on my leg and large bruises. I just want my leg to look and feel normal again! 😊 Thank you

for everything!

Call me and let me know what I need to do or send or

Dee Anna Belokor whatever!

Dee Anna
Belokor